

**REQUEST FOR JUDICIAL INTERVENTION**
SUPREME COURT, COUNTY OF **NEW YORK**

Index No: _____ Date Index Issued: _____

For Court Use Only:

CAPTION	For Court Use Only:
Enter the complete case caption. Do not use et al or et ano. If more space is needed, attach a caption rider sheet.	IAS Entry Date
Legacy Restoration, LLC	
Plaintiff(s)/Petitioner(s)	Judge Assigned
-against-	
Oswaldo "Junior" Barajas, John Doe Entity 1, Leah Raffles, and Brian Wolff	
Defendant(s)/Respondent(s)	RJI Filed Date

NATURE OF ACTION OR PROCEEDING Check only one box and specify where indicated.

COMMERCIAL	MATRIMONIAL
<input type="radio"/> Business Entity (includes corporations, partnerships, LLCs, LLPs, etc.) <input checked="" type="radio"/> Contract <input type="radio"/> Insurance (where insurance company is a party, except arbitration) <input type="radio"/> UCC (includes sales and negotiable instruments) <input type="radio"/> Other Commercial (specify): _____ NOTE: For Commercial Division assignment requests pursuant to 22 NYCRR 202.70(d), complete and attach the COMMERCIAL DIVISION RJI ADDENDUM (UCS-840C) .	<input type="radio"/> Contested NOTE: If there are children under the age of 18, complete and attach the MATRIMONIAL RJI ADDENDUM (UCS-840M) . For Uncontested Matrimonial actions, use the Uncontested Divorce RJI (UD-13). REAL PROPERTY Specify how many properties the application includes: _____ <input type="radio"/> Condemnation <input type="radio"/> Mortgage Foreclosure (specify): <input type="radio"/> Residential <input type="radio"/> Commercial Property Address: _____ NOTE: For Mortgage Foreclosure actions involving a one to four-family, owner-occupied residential property or owner-occupied condominium, complete and attach the FORECLOSURE RJI ADDENDUM (UCS-840F) . <input type="radio"/> Partition NOTE: Complete and attach the PARTITION RJI ADDENDUM (UCS-840P) . <input type="radio"/> Tax Certiorari (specify): Section: _____ Block: _____ Lot: _____ <input type="radio"/> Tax Foreclosure <input type="radio"/> Other Real Property (specify): _____
TORTS	OTHER MATTERS
<input type="radio"/> Asbestos <input type="radio"/> Environmental (specify): _____ <input type="radio"/> Medical, Dental or Podiatric Malpractice <input type="radio"/> Motor Vehicle <input type="radio"/> Products Liability (specify): _____ <input type="radio"/> Other Negligence (specify): _____ <input type="radio"/> Other Professional Malpractice (specify): _____ <input type="radio"/> Other Tort (specify): _____	<input type="radio"/> Certificate of Incorporation/Dissolution [see NOTE in COMMERCIAL section] <input type="radio"/> Emergency Medical Treatment <input type="radio"/> Habeas Corpus <input type="radio"/> Local Court Appeal <input type="radio"/> Mechanic's Lien <input type="radio"/> Name Change/Sex Designation Change <input type="radio"/> Pistol Permit Revocation Hearing <input type="radio"/> Sale or Finance of Religious/Not-for-Profit Property <input type="radio"/> Other (specify): _____
SPECIAL PROCEEDINGS	
<input type="radio"/> Child-Parent Security Act (specify): <input type="radio"/> Assisted Reproduction <input type="radio"/> Surrogacy Agreement <input type="radio"/> CPLR Article 75 – Arbitration [see NOTE in COMMERCIAL section] <input type="radio"/> CPLR Article 78 – Proceeding against a Body or Officer <input type="radio"/> Election Law <input type="radio"/> Extreme Risk Protection Order <input type="radio"/> MHL Article 9.60 – Kendra's Law <input type="radio"/> MHL Article 10 – Sex Offender Confinement (specify): <input type="radio"/> Initial <input type="radio"/> Review <input type="radio"/> MHL Article 81 (Guardianship) <input type="radio"/> Other Mental Hygiene (specify): _____ <input type="radio"/> Other Special Proceeding (specify): _____	

STATUS OF ACTION OR PROCEEDING Answer YES or NO for every question and enter additional information where indicated.

	YES	NO	
Has a summons and complaint or summons with notice been filed?	<input checked="" type="radio"/>	<input type="radio"/>	If yes, date filed: <u>06/25/2025</u>
Has a summons and complaint or summons with notice been served?	<input type="radio"/>	<input checked="" type="radio"/>	If yes, date served: _____
Is this action/proceeding being filed post-judgment?	<input type="radio"/>	<input checked="" type="radio"/>	If yes, judgment date: _____

NATURE OF JUDICIAL INTERVENTION Check one box only and enter additional information where indicated.

<input type="radio"/> Infant's Compromise	
<input type="radio"/> Extreme Risk Protection Order Application	
<input type="radio"/> Note of Issue/Certificate of Readiness	
<input type="radio"/> Notice of Medical, Dental or Podiatric Malpractice	Date Issue Joined: _____
<input type="radio"/> Notice of Motion	Relief Requested: _____
<input type="radio"/> Notice of Petition	Relief Requested: _____
<input checked="" type="radio"/> Order to Show Cause	Relief Requested: Preliminary Injunction/Temporary Restraining Order
<input type="radio"/> Other Ex Parte Application	Relief Requested: _____
<input type="radio"/> Partition Settlement Conference	
<input type="radio"/> Request for Preliminary Conference	
<input type="radio"/> Residential Mortgage Foreclosure Settlement Conference	
<input type="radio"/> Waiver of Court Costs, Fees, and Expenses	
<input type="radio"/> Writ of Habeas Corpus	
<input type="radio"/> Other (specify): _____	

NYSCCEF DOC NO: 18

RECEIVED NYSCCEF: 06/25/2025

RELATED CASES NO: 18

List any related actions. For Matrimonial cases, list any related criminal or Family Court cases. If none, leave blank.

If additional space is required, complete and attach the RJ1 ADDENDUM (UCS-840A).

Case Title	Index/Case Number	Court	Judge (if assigned)	Relationship to instant case

PARTIES

For parties without an attorney, check the "Un-Rep" box and enter the party's address, phone number and email in the space provided.

If additional space is required, complete and attach the RJ1 ADDENDUM (UCS-840A).

Un-Rep	Parties List parties in same order as listed in the caption and indicate roles (e.g., plaintiff, defendant, 3rd party plaintiff, etc.)	Attorneys and Unrepresented Litigants For represented parties, provide attorney's name, firm name, address, phone and email. For unrepresented parties, provide party's address, phone and email.	Issue Joined For each defendant, indicate if issue has been joined.	Insurance Carriers For each defendant, indicate insurance carrier, if applicable.
<input type="checkbox"/>	Name: Legacy Restoration, LLC Role(s): Plaintiff	Melissa Colon-Bosolet, Sidley Austin LLP, 787 Seventh Avenue, New York, NY 10019 Phone: (212) 839-5300 Email: mcolon-bosolet@sidley.com	<input type="radio"/> YES <input type="radio"/> NO	
<input checked="" type="checkbox"/>	Name: Oswaldo "Junior" Barajas Role(s): Defendant	1167 Ewing Way, Clarksville, TN 37043 and 1229 Morstead Drive, Clarksville, TN 37042 Phone: (931) 220-7988	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input checked="" type="checkbox"/>	Name: John Doe Entity 1 Role(s): Defendant	Unknown	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input checked="" type="checkbox"/>	Name: Leah Raffles Role(s): Defendant	1200 Broadway, Apt 1302, Nashville, TN 37203 Phone: (407) 276-3504	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input checked="" type="checkbox"/>	Name: Brian Wolff Role(s): Defendant	2016 Queens Bluff Way, Clarksville, TN 37043 Phone: (931) 801-1160	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="radio"/> YES <input type="radio"/> NO	

I AFFIRM UNDER THE PENALTY OF PERJURY THAT, UPON INFORMATION AND BELIEF, THERE ARE NO OTHER RELATED ACTIONS OR PROCEEDINGS, EXCEPT AS NOTED ABOVE, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION BEEN PREVIOUSLY FILED IN THIS ACTION OR PROCEEDING.

Dated: 06/25/2025

/s/ Melissa Colon-Bosolet

Signature

4618369

/s/ Melissa Colon-Bosolet

Print Name

Attorney Registration Number